

## Affiliation Disclosure

Please enter all information as requested. If a question is not applicable or the answer is none, indicate your response as "N/A" or "none." Filing instructions are on page 3.

**IMPORTANT: On each attachment to this Affiliation Disclosure, enter Your Name, Name of Applicant Company and Company's Tax ID number (FEIN) in upper right corner.**

Name of applicant COMPANY OR CORPORATION	Tax ID number (FEIN)

**Check each box below that describes your relationship to the applicant company, or a corporate stockholder of the applicant company.**

Each person affiliated with the applicant as described below must complete this Applicant Affiliation Disclosure. Check each box that applies to you.

- |  |  |
|--|--|
| <input type="checkbox"/> Proprietor  | <input type="checkbox"/> Stockholder of a company with 20 or fewer stockholders  |
| <input type="checkbox"/> Partner   | <input type="checkbox"/> Stockholder of 20% or more of the stock of the company  |
| <input type="checkbox"/> Member if applicant is organized as a limited liability company | <input type="checkbox"/> Member of the corporation's Board of Directors, Board of Trustees, Executive Committee, or other governing body |
| <input type="checkbox"/> Officer of the corporation                                      |  |

☐ I am affiliated with a corporate stockholder of the applicant corporation

**If affiliated party is a Corporate Stockholder, complete this section:**

Name of Corporation	State of Incorporation
---------------------	------------------------

Percentage of ownership of applicant company \_\_\_\_\_ %

Corporation Tax ID Number (FEIN)

Each person affiliated with this corporate stockholder as an officer, director, trustee or owner of 20% or more of the stock of the corporate stockholder must complete a separate Affiliation Disclosure. Please keep each group of corporate stockholder forms together when filing.

**Your NAME and TITLE** as it relates to the applicant company

**Your MAILING ADDRESS** (be sure to keep your mailing address current with our office)

Address line 1

Address line 2

City	State or Province	Zip or Postal Code
------	-------------------	--------------------

Country (if other than United States)

**Your BUSINESS ADDRESS** or check if ☐ same as mailing address

Address line 1

Address line 2

City	State or Province	Zip or Postal Code
------	-------------------	--------------------

Country (if other than United States)

### Confidential background information disclosure:

By signing below, I indicate that I understand and agree to the following: The Office of Financial and Insurance Services (OFIS) will evaluate my suitability under Michigan law relating to the applicant company I am affiliated with. Error, omission or fraud on this Affiliation Disclosure may result in denial of the company's application, revocation of license if issued, and criminal or civil action against myself and the applicant company. OFIS may use the information below in the conduct of an investigation which may include contact with governmental agencies, credit reporting agencies, courts, previous employers and associates. If any information indicates a violation of law, it will be referred to the appropriate authority. If information about me warrants denial of the application, the Office of Financial and Insurance Services will provide the applicant company written notice of the facts, including a statement of the statutory and factual reasons, and the applicant's rights to dispute or appeal such a denial.

**Information given below on this page only is confidential. It is NOT a public record and shall not be released under the Freedom of Information Act.**

<input type="checkbox"/> Mr.	FULL LEGAL NAME of affiliated person	Jr., Sr., II, III etc.	Your Social Security Number
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			

**Your RESIDENCE ADDRESS** (must include actual street address, not PO Box)

Address line 1

Address line 2

City	State	Zip
------	-------	-----

Other names with social security numbers under which my tax information is filed

Daytime phone with area code, ( ) for questions about this form:

Driver's license number	State
-------------------------	-------

Date of birth (mm/dd/yyyy)

Email address

Other names by which I am known now or have been known by in the past

### Certification

I have read the confidential background information disclosure. I understand and agree to it. I swear under penalties of perjury that the information given on and attached to this Affiliation Disclosure is true, accurate and complete.

Signature of affiliated person	Date signed
--------------------------------	-------------

1. Have you ever been convicted of, or are you currently charged with, committing a crime?

☐ Yes ☐ No If yes, attach the following to this Affiliation Disclosure:

A written statement explaining the circumstances of each incident; a copy of the charging document; a copy of the official document that demonstrates resolution of the charges or any final judgment.

"Crime" includes a misdemeanor, felony or a military offense. Exclude misdemeanor traffic citations and juvenile offenses. "Convicted of" includes a finding of guilty by verdict of a judge or jury, having plead guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

2. Have you or any business in which you are or were an owner, partner, officer, director or member ever been involved in an administrative proceeding regarding any professional or occupational license?

☐ Yes ☐ No If yes, attach the following to this Affiliation Disclosure:

A written statement explaining the type of license and the circumstances of each incident; a copy of the hearing notice or other document that states charges and allegations; a copy of the official document that demonstrates resolution of the charges or any final judgment.

"Involved" means having a license suspended, revoked, canceled, terminated, or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding related to a professional or occupational license. It also means having a license application denied or withdrawal of an application to avoid a denial.

3. Are you currently a party to, or have you been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

☐ Yes ☐ No If yes, attach the following to this Affiliation Disclosure:

A written statement explaining the circumstances of each incident; a copy of the petition, complaint or other document that commenced the lawsuit or arbitration; a copy of the official document that demonstrates resolution of the charges or any final judgment.

4. Have you ever been subject to a bankruptcy proceeding or had to work out a compromise with creditors as a result of overdue monies?

☐ Yes ☐ No If yes, attach the following to this Affiliation Disclosure:

A written statement explaining the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy; a copy of the discharge of bankruptcy.

5. Do you hold any type of financial services license (such as insurance, securities, banking/finance) issued by another state?

☐ Yes ☐ No If yes, complete below. Attach additional page if necessary.

State	License number	Type of license	Name of regulatory agency issuing license

6. Please describe your experience in the consumer financial services business. List all consumer financial service firms you have been employed by: Attach additional pages if necessary.

**7. Will your affiliation with the applicant company be your primary occupation or business activity?**

☐ Yes ☐ No If no, what is your primary occupation or business activity? \_\_\_\_\_

**8. Please give your employment history for the past ten years. Account for all time and all employment experience. Include full and part-time work, self employment, military service, unemployment and full-time education. Start from the present time and work back 10 years. Attach additional pages if necessary.**

Employer name	Location (city, state)	From month      year	To month      year	Position held
			Present	

**9. Please list all firms, companies, corporations or other business organizations of which you are a director, officer, employee, partner, owner or member. Attach additional pages if necessary.**

Name of business	Location (city, state)	Type of business	Position held

**Filing Instructions**

Be sure that all pages of this Affiliation Disclosure are completed and that any required supplemental information is attached. Check to be certain that the certification statement at the bottom of page 1 is signed. Include with applicant company's application filing, or (unless you are an affiliate of a corporate stockholder) mail directly to:

**Office of Financial and Insurance Services  
611 W. Ottawa Street  
PO Box 30224  
Lansing, MI 48909-7724**

Authority: This form is a required attachment for a variety of OFIS application forms. It is authorized under the same public act as the application to which it is required to be attached. Failure to complete or submit this form, false statements, or omissions may result in rejection of your application, denial of a license, revocation of a license if issued, and other civil and criminal action.

Visit OFIS on the Web at:  
[www.michigan.gov/ofis](http://www.michigan.gov/ofis)

 **Michigan Department of Consumer & Industry Services**  
"Serving Michigan...Serving You"

Phone OFIS toll-free at:  
1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.